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Atty. Docket No. YOR920000390US1  
(590.023)

NOV 1 - 2006

RESPONSE UNDER 37 CFR 1.116  
-- EXPEDITED PROCEDURE --  
EXAMINING GROUP 2654

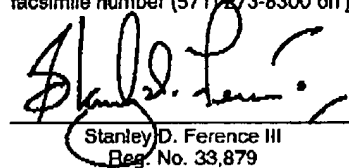
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Padmanabhan et al.  
Serial No. : 09/670,251 Examiner : M. Lerner  
Filed : September 26, 2000 Art Unit : 2654  
For : LATTICE-BASED UNSUPERVISED MAXIMUM  
LIKELIHOOD LINEAR REGRESSION FOR  
SPEAKER ADAPTATION

November 1, 2006

AMENDMENT AFTER FINAL

I hereby certify that this correspondence and any documents referred to as enclosed  
therewith are being transmitted by facsimile to the Commissioner for Patents on  
facsimile number (571) 873-8300 on November 1, 2006.

  
Stanley D. Ference III  
Reg. No. 33,879

November 1, 2006  
Date of Signature

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated September 1, 2006, please amend the above-  
identified application as set forth below.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2  
of this paper.

Remarks begin on page 8 of this paper.

NOV 1 - 2006

## **FERENCE & ASSOCIATES**

409 Broad Street  
Pittsburgh, Pennsylvania 15143  
Phone: (412) 741-8400  
Fax: (412) 741-9292  
Web: www.ferencelaw.com

### **USPTO FACSIMILE COVER SHEET**

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: November 1, 2006  
Pages: 15 pages (including this cover sheet)

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**MESSAGE:**

**RESPONSE UNDER 37 CFR 1.116**  
**-- EXPEDITED PROCEDURE --**  
**EXAMINING GROUP 2654**

**LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD  
LINEAR REGRESSION FOR SPEAKER ADAPTATION**

Application No. 09/670,251  
Examiner M. Lerner  
Art Unit 2654

Amendment Transmittal  
Amendment After Final

YOR920000390US1  
(590.023)

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FERENCE & ASSOCIATES  
Amendment Transmittal

NOV 1 - 2006

Atty. Docket No. YOR920000390US1  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Padmanabhan et al.  
Serial No. : 09/670,251 Examiner : M. Lerner  
Filed : September 26, 2000 Group Art Unit : 2654  
For : LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD  
LINEAR REGRESSION FOR SPEAKER ADAPTATION

HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on November 1, 2006 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III  
(Type or print name of person transmitting paper or fee)

  
(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES  
Amendment Transmittal

Atty. Docket No. YOR920000390US1  
(590.023)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
				RATE	FEE		RATE	FEE	
Total	19	** 20	= * 0	x \$25	=	OR x	\$50	=	
Claims									
Ind.	3	*** 3	= * 0	x \$100	=	OR x	\$200	=	
Claims									
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	OR +	\$360	=	
				TOTAL	= \$	OR	TOTAL	= \$	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By

Stanley D. Ference III  
Reg. No. 33,879

Dated: November 1, 2006

Mailing Address:

Customer No. 35195  
FERENCE & ASSOCIATES  
409 Broad Street  
Pittsburgh, Pennsylvania 15143  
(412) 741-8400  
(412) 741-9292 - Facsimile

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